


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 8369.036.US0000
In re Application of Gerhard Schiessl		
Application Number 10/589,079		Filed 8/11/2006
For Method for producing a component by reshaping a plate, and device for carrying out said method		
Art Unit 1793		Examiner VELASQUEZ, VANESSA T
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>540.00</u>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency, or credit any overpayment to Deposit Account No. <u>14-1437</u> .		
<input type="checkbox"/> Applicants hereby petition for extension of time under 37 C.F.R. §1.136.		
I am the		
<input type="checkbox"/> applicant/inventor.		 Signature
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input type="checkbox"/> attorney or agent of record. Registration number _____		Michael P. Byrne Typed or printed name
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number or if acting under 37 CFR 1.34. <u>54,015</u>		202-659-0100 Telephone number
		September 23, 2010 Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		